

377092

RECEIVED-D.C.C.

UNITED STATES DISTRICT COURT
DISTRICT OF DELAWARE

JUN 18 2007

SUPPORT SERVICES MANAGER

Raymond E. Blake

Plaintiff

Carl C. Danberg,APPLICATION TO PROCEED
WITHOUT PREPAYMENT OF
FEES AND AFFIDAVIT

C.M.S.,

Raphael Williams, Ruth Ann Minner, James M.

Defendant(s)

BakerCASE NUMBER: 07 - 405I, Raymond E. Blake

declare that I am the (check appropriate box)

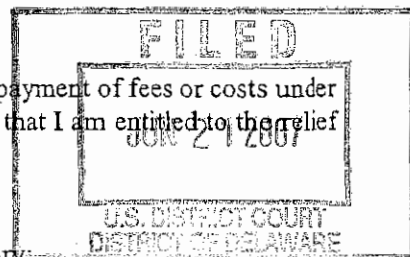
☒

Petitioner/Plaintiff/Movant

☐

Other

in the above-entitled proceeding; that in support of my request to proceed without prepayment of fees or costs under 28 USC §1915, I declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief sought in the complaint petition/motion.



In support of this application, I answer the following questions under penalty of perjury:

1. Are you currently incarcerated? ☒ Yes ☐ No (If "No" go to Question 2)

If "YES" state the place of your incarceration

Howard R. Young Corr. Institute

Inmate Identification Number (Required):

377092Are you employed at the institution? NO Do you receive any payment from the institution? NO

Attach a ledger sheet from the institution of your incarceration showing at least the past six months' transactions

2. Are you currently employed? ☐ Yes ☒ No

a. If the answer is "YES" state the amount of your take-home salary or wages and pay period a and give the name and address of your employer. NONE

b. If the answer is "NO" state the date of your last employment, the amount of your take-home salary or wages and pay period and the name and address of your last employer. 9-8-06, 475.00
Performance Enterprises, Ryan Rd. Newcastle

3. In the past 12 twelve months have you received any money from any of the following sources?

a. Business, profession or other self-employment	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b. Rent payments, interest or dividends	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
c. Pensions, annuities or life insurance payments	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
d. Disability or workers compensation payments	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
e. Gifts or inheritances	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
f. Any other sources	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

If the answer to any of the above is "YES" describe each source of money and state the amount received AND what you expect you will continue to receive.

NONE

AO 240 Reverse (Rev. 10/03)
DELAWARE (Rev. 4/05)

4. Do you have any cash or checking or savings accounts?

.. Yes ☒ NoIf "Yes" state the total amount \$ 0

5. Do you own any real estate, stocks, bonds, securities, other financial instruments, automobiles or other valuable property?

.. Yes ☒ No

If "Yes" describe the property and state its value.

NONE

6. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support, OR state NONE if applicable.

Janasia Blake - (daughter)

Claudia Brittingham

(Grandmother)

Quarr - (stepson)

Karen Bug (France)

Bernard Blake - (Little Brother)
(Sole Provider)

I declare under penalty of perjury that the above information is true and correct.

6/14/07

DATE

Raymond E. Blake

SIGNATURE OF APPLICANT

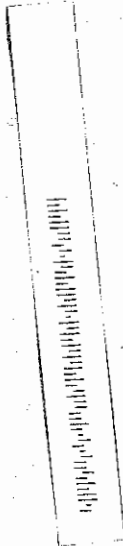
NOTE TO PRISONER: A Prisoner seeking to proceed without prepayment of fees shall submit an affidavit stating all assets. In addition, a prisoner must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

JM: Raymond E. Blake
SB# 577092 UNIT PT-B Tier

DELAWARE CORRECTIONAL CENTER
1181 PADDOCK ROAD
SMYRNA, DELAWARE 19977



U.S.M.S.
X-RAY



Office of the clerk
United States District Court
844 N. King Street, Lockbox 18
Wilmington, Delaware
19801-3570

LEGAL MAIL

07 - 405

DELAWARE CORRECTIONAL CENTER
SUPPORT SERVICES OFFICE
MEMORANDUM

TO: Raymond Blake SBI#: 377092

07 - 405

FROM: Stacy Shane, Support Services Secretary

RE: 6 Months Account Statement

DATE: June 18, 2007



Attached are copies of your inmate account statement for the months of December 1, 2006 to May 31, 2007.

The following indicates the average daily balances.

<u>MONTH</u>	<u>AVERAGE DAILY BALANCE</u>
<u>Dec</u>	<u>0</u>
<u>Jan</u>	<u>0</u>
<u>Feb</u>	<u>0</u>
<u>March</u>	<u>0</u>
<u>April</u>	<u>0</u>
<u>May</u>	<u>0</u>

Average daily balances/6 months: 0

Attachments

CC: File

Stacy Shane
6/18/07

Raymond Blake
6/18/07

Source	Date	Deposit or Withdrawal Amount	Medical Hold	Non-Medical Hold	Deposit Hold	Balance
Total Amount Currently on Medical Hold:			\$0.00			
Total Amount Currently on Non-Medical Hold:			\$0.00			

Source	Date	Deposit or Withdrawal Amount	Medical Hold	Non-Medical Hold	Deposit Hold	Balance
Total Amount Currently on Medical Hold:			\$0.00			
Total Amount Currently on Non-Medical Hold:			\$0.00			

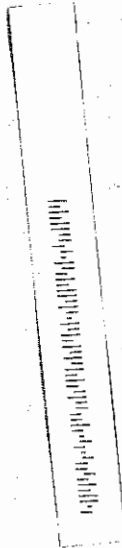
Source	Date	Deposit or Withdrawal Amount	Medical Hold	Non-Medical Hold	Deposit Hold	Balance
Total Amount Currently on Medical Hold:			\$0.00			
Total Amount Currently on Non-Medical Hold:			\$0.00			

IM: Raymond E. Blake
SBH# 377092 UNIT PT-B Tier

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